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A PE	Complete if Known						
Fees pursual to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Numbe	<u> </u>			
IN FEE TRANSMITTAL			Filing Date		April 1, 2004		
For FY 2006			First Named Invent		Mario Meggiolan		
2) 101112000			Examiner Name				
Applied to claims small entity	status. See	37 CFR 1.27	Art Unit	3617	. ouies		
TOTAL AMOUNT OF PAYMENT	(\$)	60.00	Attorney Docket No		T041 1		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 22-0493 Deposit Account Name: Volpe and Koenig, P.C.							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
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under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
Information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FI	LING FEES <u>Small E</u>		RCH FEES E Small Entity	XAMINATION <u>Small</u>	Entity		
	e (\$) Fee	(\$) <u>Fee (</u> \$			~/A1 —	ees Paid (\$)	
Utility 30			250	200 10	00		
Design 20	00 100	100	50	130	is		
Plant 20	00 100	300	150	160 8	30 —		
Reissue 30	00 150	500	250	600 30	00		
Provisional 20	00 100	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description Fee (\$) Fee (\$)							
Fee Description Each claim over 20 (including Reissues) Fee (5) 50 25							
Each independent claim over 3 (including Reissues)						00	
Multiple dependent claims			D 11(4)			30	
Total Claims Extr	<u>a Claims</u> x	<u>Fee (\$) </u>	e Paid (\$) O		lultiple Depender Fee (\$) Fe	ee Paid (\$)	
HP = highest number of total claims	s paid for, if gre	ater than 20.		•			
Indep. Claims Extr	a Claims	Fee (\$) Fee	e Paid (\$) O		-		
HP = highest number of independer	nt claims paid fo	or, if greater than 3.					
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for One Month Extension of Time 60.00							
SUBMITTED BY	11		Pagistration No.		T		
Signature / West Sa	Registration No. (Attorney/Agent) 48,6	Attorney/Agent) 48,684 13-566-8400		568-6400			
Name (Print/Type) Robert J. Ballarini Date November 13, 2006						13, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/21 (09-04)

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collection of information unless it displays a valid OMB control number. the Paperwork Reduction Act of 1995, no persons are required to respond to a Application Number 10/815,585 April 1, 2004 Filing Date TRANSMITTAL Mario Meggiolan First Named Inventor **FORM** 3617 Art Unit Frantz F. Jules **Examiner Name** (to be used for all correspondence after initial filing) CAM3-PT041.1 Attorney Docket Number

(to be used for all correspondence and	Attorney Docket Number CAM3-P 1041.1
Total Number of Pages in This Submission	((shot apply)
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Stateme Certified Copy of Priority Document(s) Reply to Missing Parts/ incomplete Application Reply to Missing Parts under 37 CFR 1.52 or	Landscape Table on CD Remarks
Firm Name VOLPE AND K	OENIG, P.C.
Signature Robert S.	ella
Printed name Robert J. Balla	rini Reg. No. 48,684
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